

AO 440 (Rev. 05/00) Summons in a Civil Action

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

MOHAMMAD KAHVAND

CASE NUMBER:

07 C 7161

V.

ASSIGNED JUDGE:

MICHAEL B. MUKASEY, Attorney
General of the United States, et. al.

DESIGNATED
MAGISTRATE JUDGE:

JUDGE CASTILLO
MAGISTRATE JUDGE COX

TO: (Name and address of Defendant)

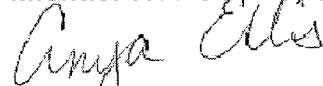
Ruth A. Dorochoff, District Director,
U.S. Citizenship and Immigration Services
Chicago District Office
101 West Congress Parkway
Chicago, IL 60605

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

John Shine
Minsky, McCormick and Hallagan, P.C.
122 S. Michigan Ave. Suite 1800
Chicago, IL 60603

an answer to the complaint which is herewith served upon you, within Sixty (60) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Michael W. Dobbins, Clerk



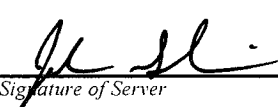
(By) DEPUTY CLERK

December 20, 2007

Date



AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE 12/20/2007	
NAME OF SERVER (PRINT) JOHN SHINE	TITLE ATTORNEY	
<i>Check one box below to indicate appropriate method of service</i>		
<p>G Served personally upon the defendant. Place where served: _____</p> <p>_____</p> <p>G Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.</p> <p>Name of person with whom the summons and complaint were left: _____</p> <p>G Returned unexecuted: _____</p> <p>_____</p> <p>_____</p> <p>G Other (specify): <u>VIA CERTIFIED MAIL</u></p> <p>_____</p> <p>_____</p>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>02/14/2008</u> _____</p> <p style="text-align: center;">Date</p> <p style="text-align: center;"> _____ Signature of Server</p> <p style="text-align: center;">122 S. Michigan Ave. Suite 1800 Chicago, IL 60603 _____ Address of Server</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

MINSKY, McCORMICK & HALLAGAN, P.C.

ATTORNEYS AND COUNSELORS

Joseph Minsky (1925-1992)

Margaret H. McCormick

James Hallagan

December 20, 2007

Derek W. Strain

Stephen W. Tarnoff

Gena D. Lewis

John F. Shine

Patricia A. Luna

Ruth A. Dorochoff, District Director,
U.S. Citizenship and Immigration Services
Chicago District Office
101 West Congress Parkway
Chicago, IL 60605

By Certified Mail:

RE: Mohammad Kahvand v. Michael B. Mukasey, Attorney General of the United States; Robert Mueller, Director of Federal Bureau of Investigation; Michael Chertoff, Secretary of Department of Homeland Security; Emilio T. Gonzalez, Director, U.S. Citizenship and Immigration Services; Ruth A. Dorochoff, District Director, U.S. Citizenship and Immigration Services, Chicago District Office

Case No.: 07 cv 7161

Dear Ms. Dorochoff:

I am the attorney for the Plaintiff in the above-referenced case. You are one of the five Defendants. Please find enclosed the Summons and Complaint in the above-referenced case.

Sincerely,



John Shine
Attorney at Law



122 S. Michigan Ave.
Suite 1800
Chicago, IL 60603
(312) 427-6163 phone
(312) 427-6513 fax
www.mmhpc.com

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Ruth A. Dorachoff District Director U.S. Citizenship & Immigration Chicago District Office 101 W. Congress Pkwy. Chicago, IL 60605		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery DEC 26 2007
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 2570 0002 2293 8817	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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PS Form 3800, June 2002 See Reverse for Instructions

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